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| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000   |                                      |              | ,                | Application of Docket Number  9, 198519  017-38953X00 |                   |                        |       |                    |                        |
|---|--------------------------------------|--------------|------------------|---|-------------------|------------------------|-------|--------------------|------------------------|
| CLAIMS AS FILED - PART I  |                                      |              | -                | SMALL   | ENTITY            |                        | OTHE  | R THAN             |                        |
| TOTAL CLAIMS  | (Column 1)                           | (Colu        | ımn 2)           |   | TYPE              |                        | OR    |                    | ENTITY                 |
|   | 20                                   |              |                  |   | RATE              | FEE                    | ]     | RATE               | FEE                    |
| FOR   | NUMBER FILED                         | NUME         | BER EXTRA        |   | BASIC F           | EE 355.00              | OR    | BASIC FE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   | 20 minus 20=                         | <u> </u>     |                  |   | X\$ 9=            |                        | OR    | X\$18=             | -                      |
| INDEPENDENT CLAIMS  | 5 minus 3 =                          | 2            |                  |   | X40=              |                        | OR    | X80=               | 160                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                                      |              | 425              |   | 1                 |                        | 700   |                    |                        |
| * If the difference in column 1 is less than zero, enter *0" in column 2  |                                      | Ė            | +135=            |   | OR                | +270=                  |       |                    |                        |
|   |                                      |              |                  | TOTAL   | ٠ ــــــ          | OR                     | TOTAL | 870                |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |                                      |              | (Cotumn 3)       |   | SMALI             | L ENTITY               | OR    | OTHER<br>SMALL     |                        |
| Total Independent - S   | HIGH<br>NUM<br>PREVIC<br>PAID        | BER<br>DUSLY | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL<br>FEE |
| Total • John Independent  | Minus                                | Q_           | = /              |   | X\$ 9=            |                        | OR    | X\$18=             | -                      |
| FIRST PRESENTATION OF MU  | Minus                                | 2            |                  |   | X40=              |                        | OR    | X80=               |                        |
| THE THE SECTION OF ALL  | CHIPCE DEPENDENT                     | CLAIM        |                  | Ī   | +135=             | 1                      | OR    | +270=              |                        |
| 1/2/00  |                                      |              |                  | L   | YOYA              |                        |       | TOTAL              |                        |
| 0/(0/05 (Column 1)  | (Colum                               | nn 2)        | (Column 3)       | A   | DDIT. FE          | : L                    | OR    | ADDIT. FEE         |                        |
| CLAINS REMAINING  | HIGH                                 | EST          |                  | Г   |                   | ADDI-                  | 1 8   |                    |                        |
| AFTER AMENDMENT   | PREVIO<br>PAID F                     | USLY         | PRESENT<br>EXTRA | $\cdot$   | RATE              | TIONAL<br>FEE          |       | RATE               | ADDI-<br>TIONAL<br>FEE |
| Total - / V   | Minus                                | 7            |                  | L   | X\$ 9=            |                        | OR    | X\$18≃             |                        |
| FIRST PRESENTATION OF MUI   | · 1 -                                | CLAIM        |                  | L   | X40=              |                        | OR    | X80=               |                        |
|   |                                      |              |                  | Ŀ   | +135=             |                        | OR    | +270=              |                        |
| 11-16 15  |                                      |              |                  | AD  | TOTAL<br>DIT. FEE |                        | OR 2  | TOTAL<br>ODIT, FEE |                        |
| (Column 1)  | (Colum                               | n 2) (       | Column 3)        |   |                   |                        |       |                    |                        |
| REMAINING AFTER AMENDMENT  Total • 6 A  | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ER<br>JSLY   | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE | ſ     | RATE               | ADDI-<br>TIONAL        |
| Total · / A   | Ainus                                |              | 0                | <b>[</b> ;  | X\$ 9=            |                        | OR    | X\$18=             | FEE                    |
| FIRST PRESENTATION OF MUL   | TIPLE DEPENDENT O                    | , ,          |                  |   | X40=              |                        | OR    | X80≈               | $\dashv$               |
| * If the entry in column 1 is less than the   | entry in cohema 2 units of           | <b>.</b>     |                  | Ŀ   | 135=              |                        | - F   | +270=              |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL OR TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                      |              |                  |   |                   |                        |       |                    |                        |

FORM PTO-875 (Rev. 8/00)